

FOR OFFICE USE ONLY

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Town of West Hartford Dial-A-Ride

MEMBERSHIP APPLICATION

July 1, 2017 – June 30, 2018

FOR OFFICE USE ONLY

Date _____

Check # _____

Amount _____

Initials _____

Annual Fee: \$50.00

Payment must accompany application form.

A separate membership application form and annual fee is required for each household member.

Eligibility:

WH Residents age 65 yrs. or older

WH Residents with Qualified Disability*

*Request separate additional application

Renewal _____ **New** _____

Last Name: _____ First Name: _____

Address: _____ Apt. # _____ West Hartford, CT 061 _____ (Zip Code)

Phone: (860) _____ - _____ Date of Birth: _____ / _____ / _____

Wheelchair Used? Yes _____ No _____ Hearing Impaired? Yes _____ No _____

Wheelchair Type: Electric _____ Manual _____ Visually Impaired? Yes _____ No _____

Special Assistance Required? Yes _____ No _____ Assisted by: Cane _____ Walker _____

Additional Notes: _____

EMERGENCY CONTACT:

Name: _____

Relationship: _____ **Phone:** _____

Applicant Signature (or Power of Attorney)

Date

Please make your check payable to **WH Dial-A-Ride** and return completed form with payment to:
West Hartford Dial-A-Ride, 50 South Main Street, Rm. 306, West Hartford, CT 06107.

Please also consider helping the Town sustain the Dial-A-Ride program by making a tax deductible donation.
Thank you for your consideration and generosity!

_____ **\$50.00 Membership Fee**

_____ **Additional Donation (tax deductible)**

_____ **Total Amount Enclosed**

Please feel free to contact the office with any questions ~ (860) 561-7561